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I hereby certify that the attached RCE Transmittal with accompanying Amendment to Examiner Daniel Zirker is being facsimile transmitted to the Patent and Trademark Office Phone No. 571-273-8300 on the date shown below. Total pages transmitted is 12-including this one.

Deanna Brusco
Deanna Brusco

Date: February 7, 2006**PATENT APPLICATION
Attorney's Do. No. 2295-4****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re patent application of: Randall Eric Swanson****Serial No. 10/618,166****Filed: July 10, 2003****For: WALL PATCH****Examiner: Daniel R. Zirker****Group Art Unit: 1771****REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

**MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s) reply under 37 C.F.R. § 1.116 previously filed
on _____.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed
on _____.

b. ☒ Enclosed is:

☒ Amendment/Reply

02/08/2006 MBINAS 00000026 10618166

01 FC:2801

02 FC:2251

395.00 OP
60.00 OP

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2. Miscellaneous

- ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).

3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)

- ☒ RCE fee required under 37 C.F.R. § 1.17(c)

- ☒ \$395 small entity
☐ \$790 large entity

(Small entity)

CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	20	16-20*	0	x \$ 25 =	\$0
Independent Claims	3	2-3**	0	x \$100 =	\$0
First Presentation of Multiple Dependent Claims					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

- | | | |
|---|--|---------------------------------|
| | small entity | large entity |
| <input checked="" type="checkbox"/> Extension of Time - 1 st | <input checked="" type="checkbox"/> \$60 | <input type="checkbox"/> \$120 |
| <input type="checkbox"/> Extension of Time - 2 nd | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$450 |
| <input type="checkbox"/> Extension of Time - 3 rd | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$1020 |

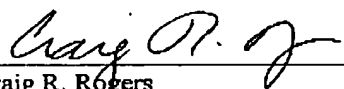
- ☒ PTO Form 2038 authorizing credit card payment is attached.

- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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